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APPLICANTS

Raymond Carrasco, South Gate, CA;

Maria Carrasco, South Gate, CA;

** CONTINUING DATA ***** *DC*** FOREIGN APPLICATIONS ***** *DC*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	Verified and Acknowledged	Examiner's Signature <i>ASG</i>	Initials <i>DC</i>	

ADDRESS

42556
 CHARLES H. THOMAS
 CISLO & THOMAS LLP
 4201 LONG BEACH BLVD
 SUITE 405
 LONG BEACH, CA
 90807-2022

TITLE

Musical baby bottle

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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